

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED
FEB 16 2011
PRINTED: 02/10/2011
FORM APPROVED
CME NO. 0938-0391
DATE SURVEY COMPLETED
01/27/2011
Division of Health Care
Survey of Statewide Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

185052

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

NAME OF PROVIDER OR SUPPLIER

SUMMIT MANOR HEALTH AND REHABILITATION CENTER

STREET ADDRESS (Not a Post Office Box)

400 BOMAR HEIGHTS

COLUMBIA, KY 42728

(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETION
DATE

F 000

INITIAL COMMENTS

A standard health survey was conducted on January 24-27, 2011. Deficient practice was identified at 'E' level.

F 371
SS=E483.35(i) FOOD PROCURE,
STORE/PREPARE/SERVE - SANITARY

The facility must -

- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
- (2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review it was determined the facility failed to prepare, distribute, and store food under sanitary conditions. An ice buildup was observed on food items and on the ceiling of the freezer. Food in the dry storage area was not labeled or dated.

The findings include:

An observation on January 24, 2011, at 7:45 p.m., during the initial tour of the kitchen revealed the walk-in freezer had an ice buildup on the ceiling of the freezer and a pan with ice frozen in the bottom of the pan. The pan was on the top left shelf near the fan. There were five tubs of ice cream, one bag of ribs, three bags of turkey, and four bags of pork observed to have an ice buildup inside and outside the packages.

F 000

Summit Manor will procure food from sources approved or considered satisfactory by Federal, State or local authorities and will store, prepare, distribute and serve food under sanitary conditions as evidenced by:

F 371

1. On 01/25/11 the ice cream and all food items noted to have ice build up inside the packages were immediately discarded. The ice on the ceiling of the freezer was removed and Commercial Refrigeration was called to repair the defroster in the freezer. The dietary staff were conferenced regarding consistently observing the freezer and food items for ice build up and were reminded that all food items were to be labeled and dated regardless of whether they were in a clear zip lock bag including but not limited to donuts and cereal.
2. The Administrator and the Dietary Manager inserviced the dietary staff on 01/31/11 regarding importance of following procedures for storing, labeling and dating all food items, reviewed F371 Regulation and informed staff of consequences for failure to follow policy.
3. The Dietician and the Dietary Manager inserviced staff on 02/02/11 regarding proper food storage. Each staff member was given a copy of our Food and Non-Food Storage Policy with a review of each procedure in detail.
4. The Dietary Manager or designee will check the refrigerator, freezer and dry storage daily to ensure that all food is stored properly.
5. The Quality Assurance and Assessment Committee will conduct random checks to ensure that all food is stored properly.

02/02/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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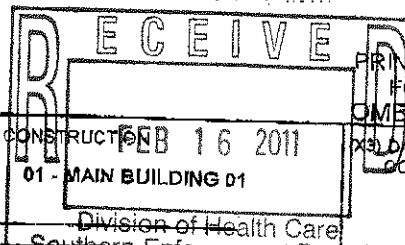
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2011
NAME OF PROVIDER OR SUPPLIER SUMMIT MANOR HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 BOMAR HEIGHTS COLUMBIA, KY 42728		
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F 371	<p>Continued From page 1</p> <p>An interview with the Head Cook for the second shift on January 24, 2011, at 7:45 p.m., revealed the cook did not know of any work order for the freezer and the Dietary Manager was not available.</p> <p>An interview with the Administrator on January 25, 2011, at 8:15 a.m., revealed the Administrator knew something about the freezer but would let the Dietary Manager discuss this issue.</p> <p>An interview with the Dietary Manager on January 25, 2011, at 9:00 a.m., revealed the Dietary Manager did not have a recent work order for the freezer. The Manager stated that in recent years someone had come to look at the freezer and suggested the food was stored too close to the ceiling.</p> <p>Observation of the freezer on January 25, 2011, at 12:15 p.m., revealed all foods with ice buildup had been removed from the walk-in freezer.</p> <p>Review of a work order revealed the walk-in freezer had been repaired/serviced on January 27, 2011.</p> <p>Observation of the dry storage room on January 24, 2011, at 7:45 p.m., during the initial tour revealed two zip-lock bags of donuts on the shelf, and 17 bowls of cereal that were not labeled or dated on top of a crate.</p> <p>An interview with the Head Cook for the second shift on January 24, 2011, at 7:45 p.m., revealed the day shift kitchen staff often leaves the donuts and cereal undated and unlabeled in order to get ready for breakfast the next morning.</p>	F 371			

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NAME OF PROVIDER OR SUPPLIER SUMMIT MANOR HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 BOMAR HEIGHTS COLUMBIA, KY 42728		
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F 371	<p>Continued From page 2</p> <p>An interview with the Dietary Manager on January 25, 2011, at 9:00 a.m., revealed the day shift cook often leaves donuts and cereal undated and unlabeled. According to the Dietary Manager, the cook has received verbal warnings in the past regarding the failure to label and date food items.</p> <p>A review of the facility policy related to Food and Non-Food Storage, dated 2006, revealed defrosted food was not to be refrozen because of potential for increased bacteria growth and deterioration of quality. The policy further stated foods that have been removed from their original containers were required to be clearly marked with contents and date. Dry food storage policy revealed all dry food in storage was to be clearly labeled and dated if previously opened.</p>	F 371			

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

185052

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

01/28/2011

NAME OF PROVIDER OR SUPPLIER

SUMMIT MANOR HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

400 BOMAR HEIGHTS
COLUMBIA, KY 42728

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K 000	INITIAL COMMENTS	K 000	The automatic sprinkler system will be continuously maintained in a reliable operating condition and will be inspected at minimum every 3 months as evidenced by:	
K 062 SS=E	<p>A life safety code survey was initiated and concluded on January 28, 2011, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>Deficiencies were cited with the highest deficiency identified at "E" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that sprinkler heads were maintained as required. This deficient practice affected two of six smoke compartments, staff, and approximately fifty residents. The facility has the capacity for 104 beds with a census of 103 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code survey on January 28, 2011, at 2:00 p.m., a record review with the Director of Maintenance (DOM) revealed a quarterly sprinkler inspection record dated January 13, 2011. This report revealed drywall mud was on sprinkler heads in two of the facility's shower rooms. Foreign matter was also</p>	K 062	<ol style="list-style-type: none"> 1. The drywall mud was removed on 01/28/11 from the sprinkler heads on both newly remodeled shower rooms and the dietary and stairwell exit corridor sprinkler heads were cleaned. 2. All other sprinkler heads were checked on 01/31/11 and 02/01/11 for paint particles or any foreign matter that was missed cleaning as a result of our recent renovations. 3. The Administrator and the Director of Maintenance met to review the cited deficiency and to discuss Summit Manor's responsibility to ensure that the sprinkler heads are our responsibility to maintain in good working condition at all times regardless of who failed to clean after painting or repair. 4. The Maintenance Director will inspect sprinkler heads every three months to ensure that they are clean and free of anything that would inhibit their ability to react in the event of a fire. 5. The Quality Assurance and Assessment Committee will delegate a committee member to conduct a random check of sprinkler heads quarterly to ensure that they are clean and free of corrosion, foreign materials, paint or physical damage. 	02/01/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brenda Williams

Administrator

2/16/2011

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K 062	<p>Continued From page 1</p> <p>observed on sprinkler heads in the kitchen and the stairwell exit corridor during the survey. Foreign matter on sprinkler heads decreases their ability to react as intended in a fire situation. An interview with the DOM on January 28, 2011, at 2:00 p.m., revealed there was not a plan in place or work order to have the sprinkler heads repaired or replaced.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p>	K 062		